

JUDY L. SLAUGHTER,
GRANTOR

WARRANTY

TO

DEED

DAVID A. JOHNSON,
GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Judy L. Slaughter, does hereby sell, convey, and warrant unto David A. Johnson, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

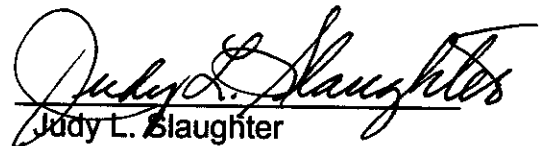
Lot 10, Section "A", Dogwood Manor Subdivision, located in Section 34, Township 1 South, Range 6 West, DeSoto County, Mississippi, as recorded in Plat Book 51, Pages 5-6, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi. By way of explanation Frances M. Johnson died on April 20, 2005.

Subject to subdivision restrictive covenants, easements and setback lines as recorded in Book 51, Pages 5-6, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Taxes for 2005 have been prorated, and possession is given with this deed.

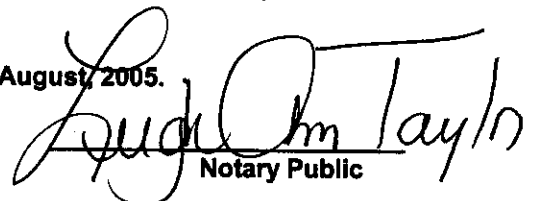
WITNESS my signature(s), this the 26th day of August, 2005.


Judy L. Slaughter

STATE OF MISSISSIPPI:
COUNTY OF DESOTO:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named JUDY L. SLAUGHTER, who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as her free act and deed, and for the purposed therein expressed.


GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 26th day of August, 2005.

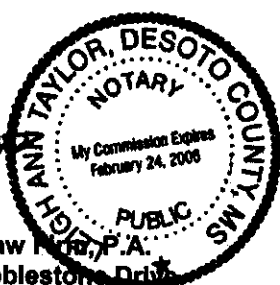

Notary Public

My commission expires:

Grantors Address:
5514 Arcadia Park
San Antonio, TX 78247
Home Phone Number: N/A
Business Number: 210-570-2125

Prepared By:

 Austin Law, P.A.
6928 Cobblestone Drive
Suite 100
Southaven, Mississippi 38672
(662) 890-7575



Grantees Address:
9811 Morgan Meadows Cove
Olive Branch, MS 38654
Home Phone Number: 517-2125
Business Number: same

S07-05-0907

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

10 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2005 021811

1 DECEASED'S NAME (Last, First, Middle Initial) **Frances Pauline Johnson**

2 SEX **Female**

3 SOCIAL SECURITY NUMBER **410-48-4068**

4 DATE OF BIRTH (Month, Day, Year) **September 11, 1918**

5 PLACE OF BIRTH (City and State or Foreign Country) **Memphis, TN**

6 PLACE OF DEATH (City and State or Foreign Country) **Memphis, TN**

7 FACILITY NAME (If applicable) **St. Francis Hospital**

8 CITY/TOWN OR LOCATION OF DEATH **Memphis**

9 COUNTY OF DEATH **Shelby**

10 MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) **Widowed**

11 SURVIVING SPOUSE (If applicable, give maiden name) **N/A**

12 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") **Grocery Store Clerk**

13 TYPE OF BUSINESS/INDUSTRY **Food (Johnson's Drive In)**

14 RESIDENCE STATE **MS**

15 COUNTY **DeSoto**

16 CITY/TOWN OR LOCATION **Olive Branch**

17 STREET AND NUMBER OR RURAL LOCATION **9811 Morgan Meadows Cove**

18 ZIP CODE **38654**

19 RACE (American Indian, Black, White, etc.) **White**

20 DECEASED'S EDUCATION (Specify only highest grade completed) **12**

21 DECEASED'S SIGNATURE **Frances Pauline Johnson**

22 SIGNATURE OF PHYSICIAN **Judy Lee Slaughter**

23 SIGNATURE OF MEDICAL EXAMINER **Dr. Mark Vance**

24 NAME AND ADDRESS OF FUNERAL HOME **Brantley Funeral Home, P.O. Box 17069, Memphis, TN 38187-0069**

25 LICENSE NUMBER OF FUNERAL HOME **FE117**

26 DATE OF DEATH (Month, Day, Year) **MAY 11 2005**

27 PART I: CAUSE OF DEATH (Physician or Medical Examiner's Report)

28 PART II: UNDERLYING CAUSE OF DEATH (Physician or Medical Examiner's Report)

29 PART III: MANNER OF DEATH (Natural, Accidental, Suicide, Homicide, Undetermined)

30 DATE OF INJURY (Month, Day, Year)

31 TIME OF INJURY

32 INJURY AT WORK? **No**

33 DISORDER FROM INJURY DOCUMENTED? **No**

34 PLACE OF INJURY (If applicable, give street, building, etc.)

35 LOCATION (Street and Number or Rural Route Number, City or Town, State)

1999 (REV. 6/05)

FOA 1000

